

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

1 7 9 2 9

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.			↓		↓	
TOTAL DEP.			↖		↖		TOTAL DEP.			↖		↖	
TOTAL CLAIMS			90				TOTAL CLAIMS						

BEST AVAILABLE COPY